

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Iontophoresis Disc Pain Blocker																						
Application Number :																							
Date :																							
First Named Applicant:		Dr. William R. Deagle																					
Attorney Docket Number:		D-1126.1																					
Art Unit:		1614																					
Examiner :		Vickie Y. Kim																					
TOTAL FEE AUTHORIZED \$ 511																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	385	385																				
			Subtotal For Basic Filing Fees: \$ 385																				
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 34</td><td>14</td><td>2202</td><td>9</td><td>126</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 126</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 34	14	2202	9	126	Independent Claims : 2	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 126	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 34	14	2202	9	126																			
Independent Claims : 2	0	2201	43	0																			
			Subtotal For Extra Claims Fees: \$ 126																				
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Credit account number:		1009																					
Expiration Date (YYYYMMDD):		2005-08-31																					
Authorized name:		Kyle W. Rost																					
Billing address:		80111																					